



USAID | BENIN

FROM THE AMERICAN PEOPLE

Ladies and Gentlemen:

SUBJECT: USAID/Benin: Solicitation for a Personal Services Contractor (PSC) –
Malaria Advisor Position,

Solicitation No.: PSC 680-09-002
Issuance Date: February 17, 2009
Closing Date: March 20, 2009
Closing Time: 12:00 (Noon) Local Benin Time

USAID/BENIN is an equal opportunity employer. We encourage all qualified candidates to apply. Persons with disabilities will be assisted and receive reasonable accommodation.

The United States Government, represented by the U.S. Agency for International Development (USAID) Benin is seeking applications from qualified U.S. Citizens, U.S. Resident Aliens, Third Country Nationals (TCNs), or Cooperating Country Nationals (CCNs). USAID/Benin anticipates awarding one contract as a result of this solicitation, subject to availability of funds. Interested applicants must submit:

(i) his/her most current curriculum vitae or resume;

(ii) signed form SF 171 or OF 612; and

(iii) three (3) to five(5) references, who are not family members or relatives, with telephone and email contacts. The CV/resume must contain sufficient relevant information to evaluate the application in accordance with the stated evaluation criteria. Broad general statements that are vague or lacking specificity will not be considered as effectively addressing particular selection criteria. The Applicant's references must be able to provide substantive information about his/her past performance and abilities. USAID/Benin reserves the right to obtain from previous employers relevant information concerning the applicant's past performance and may consider such information in its evaluation.

Form SF 171 or OF 612, http://www.usaid.gov/procurement_bus_opp/procurement/forms or internet <http://fillform.gsa.gov>, must be signed and those submitted unsigned will be rejected. Applicants should retain for their record copies of all enclosures that accompany their submissions.

Electronic submission is authorized. All application packages are to be submitted by email to: oaadocs@usaid.gov. Please quote the number and position title of this solicitation on the subject line of your e-mail application. For those who wish to send hard copies of their application by mail:

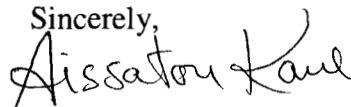
To:

Francine Agblo
USAID/Benin,
Office of Acquisition and Assistance (OAA)
Rue Caporal Anani Bernard
American Embassy
01 BP 2012
Cotonou, Republic of Benin

Point of Contact: Any questions concerning this Solicitation Notice may be directed to Cosmas Apedo, USAID/Benin, capedo@usaid.gov or Ms. Francine Agblo at fagblo@usaid.gov, phone (229) 21-300-500, ext. 2112/13, with copy to oaadocs@usaid.gov.

USAID/Benin reserves the right not to award a contract as a result of this solicitation. This solicitation does not represent a commitment on behalf of USAID. The US Government is not obligated to make an award or to pay any costs associated with the preparation and submission of an application in response to this solicitation.

Sincerely,



Aissatou Kane
Senior Acquisition and Assistance Specialist
USAID/Benin

SOLICITATION INFORMATION

1. SOLICITATION NUMBER: PSC 680-09-002
2. ISSUANCE DATE: February 17, 2009
3. CLOSING DATE: March 20, 2009 12:00 noon Local Benin Time
4. POSITION TITLE: PMI Malaria Advisor.
5. MARKET VALUE: GS-14 (US \$83,445 to US \$108,483) or FSN Grade-11
6. PERIOD OF PERFORMANCE: Two years with possible extension for three additional years. Exercising the options to extend will depend on continuing need of services, availability of funds, and satisfactory or Better performance.
7. PLACE OF PERFORMANCE: Cotonou, Republic of Benin.
8. SUPERVISION: USAID/Benin Family Health Team Leader.
9. AREA OF CONSIDERATION: U.S. Citizens, U.S. Resident Alien, Third Country Nationals (TCNs) and Cooperating Country Nationals (CCNs).

I. COUNTRY BACKGROUND

Benin's population is young and its urban population is growing. Nearly 45 percent of its 8,450 million inhabitants are under the age of 15. Over 40 percent of the population lives in urban areas; nearly double the proportion of twenty years ago. The country's health and education status are among the lowest in the world. Life expectancy is 55 years. Fertility rate is 5.7 and 66% of adults (aged 15 and above) are illiterate. An estimated 30% of the population lives below the national poverty line. The mortality rate for children under five is 152 per 1,000. Malaria is the leading cause of childhood deaths and is responsible for 40 percent of all health care consultations for children (twice as many as the next leading cause). Infant mortality rate is 90 per 1,000. The overall rate of malaria prevalence in the Beninese population is 37%.

A recent mid-term evaluation of the 2001-2005 malaria control strategic plan conducted by the National Malaria Control Program (NMCP) revealed that the quality of malaria case management has improved and that the use of insecticide-treated nets at the community level has increased. The same study concluded that only uncomplicated malaria case management indicators are improving. The indicator related to treatment of severe cases is going down.

In 1998, USAID/Benin, through the centrally-funded African Integrated Malaria Initiative (AIMI), supported a three-year program aimed at promoting new approaches to fighting malaria in the Oueme/Plateau regions located in southeastern Benin and known to be the most affected by the disease. Given the successful achievements of the program, and its impact on health workers and communities, a second phase was launched to cover the period of 2001-2003. A two-year grant agreement was signed with Africare in September 2003 to pursue the implementation of best practices under the project until September 30, 2005. Among the major achievements were the Integrated Management of Childhood Illness (IMCI) training for health workers and the implementation of

Precedent Birth Techniques (PBT) to monitor infant mortality index. The Zou-Collines regions were used to test practices being implemented in Ouémé-Plateau.

USAID's efforts have focused on assisting the NMCP to prevent transmission of malaria among the target population (children under 5 and pregnant women) through the use of insecticide treated nets (ITNs), presumptive treatment during pregnancy and ensuring correct treatment of malaria in children.

Nationwide, according to a recent KAP study by a USAID implementing partner, the proportion of children under 5 who slept under a treated mosquito net the previous night rose from 17% in 2002 to 43% in 2005; among pregnant women the proportion rose from 28% to 56% for the same years. Furthermore, the proportion of people who have re-treated their mosquito nets at least once has increased from 18% in 2002 to 37% in 2005.

Benin has a high incidence of malaria. According to the health statistics released in 2004 by the Ministry of Public Health, malaria is the main affection that leads to care-seeking. The average incidence of malaria, which was 118 per 1000 in 2000, remained high in 2004 at 119 per 1000. The incidence is higher among children under five years of age, with 502 per 1000 among children under one year of age and 218 per 1000 among children aged from one to four years.

On December 14, 2006 Benin was selected as one of 15 President's Malaria Initiative (PMI) countries. It is expected that the Year 1 Malaria Operational Plan (MOP) will be developed in April 2007 after the February needs assessment and that jump start activities will be implemented in close collaboration with the NMCP in early FY08.

During the past three years, Benin has received increased support from donors to help meet the Abuja targets as they relate to malaria prevention among vulnerable groups. Besides UNICEF and WHO interventions in Roll Back Malaria, the Global Fund has considerably invested in ITN provision to support the Government of Benin's malaria control program. Also, the World Bank, under the Booster program, is providing resources to purchase Long Lasting Insecticide Treated Nets (LLITNs) as well as assist Benin to purchase the new Artemisinin-based Combination Therapy (ACT) drug for treatment.

Candidates for the Malaria Advisor position may access different documents on the malaria situation in Benin, including the Benin malaria policy document, at <http://www.pmikn.net/www.usaid.gov/bj>

II. OVERVIEW

USAID is responsible for all activities conducted in Benin under the PMI. The Malaria Advisor is responsible to USAID for the implementation of all PMI activities and reports directly to the Mission Director or his designated representative. The Centers for Disease Control and Prevention (CDC) will play an important part in the design, implementation, monitoring and evaluation of PMI-supported activities in Benin. The Malaria Advisor works closely with CDC personnel and the FHT leader to ensure the technical appropriateness of PMI-supported activities and interventions while maintaining ultimate responsibility for the implementation of the program.

USAID/Benin's Health Strategic Objective includes malaria activities as an important component of its portfolio. Malaria is a major component, through the Integrated Management of Childhood Illness (IMCI) strategy, of the Integrated Family Health Project (PISAF) implemented by University Research Corporation. Malaria is also included in the Integrated Project to Support Family Health and Prevent

HIV/AIDS (IMPACT) implemented by Population Services International (PSI) with the promotion of bednets. PMI-supported malaria activities are fully integrated into USAID's health Strategic Objective #5 which reads "*expanded use of family health services and prevention measures within a supportive environment*". Malaria activities that are implemented within ongoing bilateral Cooperative Agreements will remain under the authority of the respective Cognizant Technical Officers (CTO) responsible for those Agreements. The Malaria Advisor will provide technical and administrative oversight, as requested, on multiple tasks within the health sector, with a concentration of his/her time on malaria-specific activities. The Malaria Advisor may be called upon to represent the USAID/Director at official functions involving the U.S. Embassy, the Ministry of Health, or international and bilateral donor organizations.

III. BASIC FUNCTION OF POSITION

The President's Malaria Initiative (PMI) USAID Advisor shall provide leadership, guidance and overall direction on the development and execution of the PMI in collaboration with the CDC PMI Advisor. S/He will serve as the USAID Mission CTO for several activities under PMI. The USAID PMI Advisor will have management and technical responsibilities and shall liaise with backstops for the PMI in USAID Washington, CDC counterparts in Cotonou and Atlanta, and USAID personnel working within and overseeing the Mission's activities related to malaria control. These responsibilities include regular contact and collaboration with the counterparts in the NMCP and other government ministries and agencies, as well as in a wide range of civil society and private organizations, other donor and international organizations, and other United States Government (USG) entities working in malaria prevention and control.

IV. MAJOR DUTIES AND RESPONSIBILITIES

The USAID PMI Advisor shall exercise substantial judgment in developing, planning and carrying out PMI tasks, in representing the USG in critical technical and policy forums, in resolving problems and conflicts, and in taking appropriate steps to meet deadlines. With approval from the Mission Director or the Family Health Team Leader, the USAID PMI Advisor may be requested to perform governmental functions such as officially representing USAID at functions, approving policy documents; budgeting, and developing planning documents related to malaria prevention and control.

The contractor must also possess an understanding of the social, economic and cultural determinants and implications of the malaria epidemic in Benin and neighbouring countries, as well as have the experience and skills required to help formulate the USG position on malaria and contribute to important policy decisions as a representative of the USAID/Benin Family Health Team.

The USAID PMI Advisor shall be responsible for the following PMI-related activities, in close collaboration with the PMI inter-agency team and USAID/Benin Family Health staff:

1. Participate in developing and planning malaria prevention and control activities consistent with the malaria control coverage needs identified by the strategy and plans of the NMCP and PMI. Participate in the development of planning documents such as the Malaria Operational Plan (MOP) and Benin Mission Operational Plan (OP) as well as activity implementation documents such as Acquisition and Assistance requests and activity monitoring documents. The PMI Advisor will also follow-up on approval of such documents and verify that planned malaria-related goods and services are received;

2. The USAID PMI Advisor will coordinate and implement the Malaria Operational Plan (MOP) with the CDC Advisor. He/she will serve as Cognizant Technical Advisor (planning, design, implementation, monitoring and evaluation, financial oversight, etc.) or alternate for several components of PMI activities. The PMI Advisor may also take on other CTO or activity manager duties as assigned by the Mission Director or the Health Team Leader related to malaria prevention and control;
3. Work closely with the National Malaria Control Program, other donors supporting malaria (The World Bank, World Health Organization, UNICEF, the Global Funds for Aids Tuberculosis and Malaria, etc.) and non-governmental organizations to achieve a smooth, coordinated implementation of PMI activities in coordination with other donors' activities;
4. Ensure that all malaria activities are consistent with internationally-accepted best practices and relevant to the specific malaria epidemiology of Benin as well as with PMI technical and management requirements;
5. Represent USAID at malaria related meetings and ensures effective communication and coordination between PMI-funded activities and malaria programs funded by other donors including the World Bank Booster Program and the Government of Benin;
6. Provide leadership and managerial support as needed during the implementation phases of the initiative to ensure the quality of interventions supported and that programmatic targets are met;
8. Coordinate with the Family Health Team Commodities Logistics Specialist to ensure that malaria commodities are purchased in a timely and cost effective manner and monitor distribution of these commodities;
9. Ensure that malaria activities are integrated into overall USAID-supported health activities and to coordinate these activities with the NMCP and MOH to avoid duplication of effort and programming gaps;
10. Ensure accountability of funds provided by the President's Malaria Initiative and ensure that financial and technical reports on the President's Malaria Initiative in Benin are prepared and submitted as required;
11. Work in collaboration with the CDC PMI Advisor to develop and execute a monitoring and evaluation plan to be implemented through existing MOH systems and existing USG supported mechanisms;

V. OVERALL DUTIES & RESPONSIBILITIES

The USAID PMI Advisor will collaborate with the USAID personnel managing the health portfolio, and provide technical and administrative guidance on malaria as needed. Concurrently, the USAID PMI Advisor, in collaboration with the CDC PMI Advisor, and the PISAF and IMPACT Cognizant Technical Officers, shall oversee the planning, implementing, and monitoring of the PMI Initiative. He/she will work with the CDC PMI Advisor as a team in liaising with backstops for the PMI in USAID/W, in CDC, and in the USAID/Benin Family Health Team. S/He shall consider the big picture of the health portfolio while focussing on malaria activities and work with the entire team to achieve child and maternal mortality reduction goals.

Specifically, the Malaria Advisor shall provide:

1) Management of Activity Implementation (35 percent)

The USAID PMI Advisor, in collaboration with the NMCP and the CDC Advisor, will provide technical guidance and management support to collaborating agencies, to ensure sound management of malaria interventions implemented under the PMI. This includes but is not limited to malaria prevention and control activities such as behavior change and communication activities; bed nets procurement and distribution through the existing health services and at the community level; procurement and distribution of anti-malarial drugs through the existing health services; IPT coverage; diagnosis and treatment of acute malaria; and indoor residual spraying supported under the PMI. The PMI Advisor, in collaboration with the CDC PMI Advisor and other Family Health Team members, will also act as CTO of PMI implementing instruments and be responsible for monitoring and reporting the results for all PMI activities. He/she will ensure that PMI activities and other activities being implemented in the Family Health portfolio are mutually reinforcing.

2) Activity Development and Design (20 percent)

The USAID PMI Advisor, working in collaboration with the NMCP and PMI staff, will be responsible for developing annual Malaria Operational Plans (MOP) in line with PMI objectives and goals. Activities under the MOP include but are not limited to case management of malaria in health facilities and at the community level; distribution of malaria commodities and LLINs through health facilities; large-scale child health campaigns that include LLIN distribution; integration of the private sector; intermittent preventive treatment of pregnant women; indoor residual spraying; and development of information, education and communications materials to promote the use of these interventions. Indoor residual spraying will be implemented in targeted areas as indicated by the NMCP.

3) Partner Relationships (25 percent)

Successful performance in this position depends upon establishing and maintaining productive collaborative relationships with a wide range of partners and stakeholders, the MOH, the regional health officers, local governments, the World Bank, the Global Fund, WHO, UNICEF, and other donors, and NGOs dealing with issues focusing on malaria. The PMI Advisor shall, therefore, develop and maintain relationships with these partners and stakeholders in order to effectively ensure that all of USG PMI activities are complementary and enhance all other malaria activities being implemented in Benin. He/she will participate in meetings hosted by the NMCP on malaria.

4) Coordination with Other PMI Personnel (10 percent)

The USAID PMI Advisor will be required to communicate regularly and work jointly with the CDC Advisor as well as other members of the USAID/Benin Family Health Team, staff from USAID/Washington and CDC Atlanta.

5) Monitoring and Evaluation (10 percent)

Monitoring and evaluation is a key component of the PMI. The PMI Advisor will work with the CDC PMI Advisor and PMI team to develop a monitoring and evaluation plan in line with the PMI targets, as well as ensure that PMI partners develop project monitoring plans and reports in a timely manner on their activities. It is also expected that the USAID Advisor with the CDC Advisor shall provide expert

advice and practical experience in helping the MOH, the NMCP and other partners to monitor inputs and outcomes, and progress towards PMI goals. The USAID PMI Advisor will collaborate with the World Bank Malaria Booster Project to conduct joint monitoring activities that involve the appropriate NMCP staff members.

The USAID Advisor with the CDC Advisor shall make sure that a coherent monitoring and evaluation plan is in place to track PMI activities results and impact for reporting to USAID/Washington. Significant results and impact data should also be presented to the NMCP twice a year.

VI. QUALIFICATIONS AND EXPERIENCE, TECHNICAL KNOWLEDGE, SKILLS AND EVALUATION CRITERIA:

Applicants who meet the minimum qualifications will be evaluated based on information presented in the application and obtained through reference checks. Applicants are strongly encouraged to address each of the criteria in their resume describing specifically and accurately what experience, training, education, and/or awards you have received that are relevant to each. Be sure to include your name, social security number, and the announcement number at the top of each additional page. Failure to address the selective and/or quality ranking factors may result in your not receiving credit for all of your pertinent experience, education, training and/or awards.

1) Experience – 20 percent

The USAID PMI Advisor must have at least 10 years of progressively responsible experience in designing, implementing and managing child survival and maternal health activities, including malaria, and other health programs in developing countries, with a preference given to candidates working in African countries. Demonstrated technical leadership, program management, strategic planning, policy experience and problem solving skills, working on complex projects in a highly sensitive environment are required. The USAID PMI Advisor will also have proven skills in project management, experience in designing and evaluating malaria activities in Africa, and knowledge and skills in quantitative and qualitative evaluation methods. The PMI Advisor must also have skills in capacity building and mentoring local staff in a developing country. In addition, knowledge of USAID projects/program management policies and regulations are highly desirable.

2) Education – 20 percent

Minimum of a Masters Degree in public health, international health, or social sciences from a recognized institution is required. Specific training in malaria is a plus. USAID or other equivalent Management for Results training will be desirable (10 points).

3) Language, Communication, - 30 percent

The USAID PMI Advisor must have the following (the French and English communication sub-factors will be evaluated as follows: **French communication skills: 10 percent; English communication skills: 20 percent**):

Excellent verbal communication skills (English and French at the 4/4 or equivalent level), tact and diplomacy are required to establish and develop sustainable working relationships at the highest level and a high level of trust with public/private organizations. Verbal communication skills are also used to negotiate activity plans and resolve activity implementation issues with counterparts, partners and

team members. Ability to communicate technical information to health and non-health audiences is required. Excellent written communication skills are required to prepare regular and ad hoc reports, activity documentation and briefing papers.

4).Computer Skills: 10 percent

Excellent computer skills: An applicant will not be considered if s/he does not meet the minimum requirements:

Fully functional in Windows, MS Outlook, word processing, and spreadsheet software is required.

Full functionality in using the internet to solve problems and research information, such as USG and USAID regulatory guidance, best practices and latest trends relating to malaria and public health is required.

5) Teamwork and Interpersonal Skills – 20 percent

Excellent leadership, communications and interpersonal skills are critical to this position. The PMI Advisor must have the following (these sub-factors are of equal weight and importance):

(a) Must be able to work effectively with a broad range of USG personnel and partners, and have demonstrated skills in donor coordination and collaboration. Ability to work both independently and in a team environment to achieve consensus on policy, program and administrative matters will be preferred.

(b) Ability to work effectively under pressure and in a team environment and communicate highly technical information to various audiences, and achieve consensus on policy, project, research, and administrative matters.

NOTICE TO APPLICANTS: USAID reserves the right to conduct in-person or telephonic interviews with the most highly ranked applicants and make the interview a deciding factor in selection and/or to obtain from previous employers relevant information concerning the applicant's past performance and may consider such information in its evaluation.

VII. SUPERVISION:

Supervision Received: The USAID PMI Advisor will work under the direction of the Family Health Team Leader. He/she will work with the Family Health Team and other USAID project managers to facilitate collaboration in malaria prevention and control among implementing partners and integration of other relevant USAID/Benin activities. The PMI Advisor shall develop and negotiate an annual work plan with the Family Health Team Leader who will evaluate her/him annually on the basis of the work plan.

Supervision Exercised: As assigned by the Family Health Team Leader, the contractor will exercise supervisory responsibilities on other PMI-supported FHT staff.

VIII. TRAINING

Once selected, the applicant shall take Contracting Officer Technical Representative (COTR) training if s/he has not done so, to become a certified CTO.

IX. LOGISTIC SUPPORT:

The logistic support provided by USAID/Benin includes office space and equipment, transportation in country for official meetings, work related travel arrangements/tickets and secretarial and translation services.

X. PERIOD OF PERFORMANCE

The Personal Services Contract will be for two years with the possibility of options of three-one year extensions. Exercising the options to extend will depend on continuing need of services, availability of funds, and satisfactory or better performance.

XI. APPLYING

Applicants are encouraged to write a brief appendix to a resume, OF-612 or SF-171 to demonstrate how their previous experience and skills are suited for this position. Applicants must provide names and contact information for at least three to five references. Applicants must submit:

A U.S. Government Standard Form 171 or Optional Form 612 (available at the USAID website, http://www.usaid.gov/procurement_bus_opp/procurement/forms or internet <http://fillform.gsa.gov>, or at Federal offices);

All applicants must submit a cover letter (3 pages maximum) addressing how they meet the required qualifications for this position (see Qualification section of this Solicitation). Each of the expected qualifications should be addressed in the cover letter.

Applications must be received by the closing date and time at the address specified in the cover letter. Late applications will not be accepted. Applicants are requested to provide their full mailing address and contact information (including fax, telephone and/or e-mail where available).

To ensure consideration of applications for the intended position, please reference the solicitation number PSC 680-09-002" on your application, and as the subject line in any cover letter. Only the highest ranking applicants will be interviewed in person or by phone.

Note: No response will be sent to unsuccessful applicants.

XII. SECURITY AND MEDICAL CLEARANCE REQUIREMENTS

1. The applicant selected to fill the position must be able to receive a no access or limited security clearance that involves applicant's comprehensive background investigation performed by a US Government Agency.
2. The applicant selected to fill the position must receive medical clearance to work in USAID/Benin, Cotonou. Details of how to obtain such clearance will be provided after selection and acceptance of the job offer.

XIII. COMPENSATION

The position has been classified at a GS-14 level for U.S citizens and Off Shore hire TCNs and at Grade FSN-11 for CCNs. Final compensation will be negotiated within the listed market value at GS-14 for U.S. citizens and Off-shore hire TCNs and at Grade FSN-11 for CCNs, based upon the candidates past salary, work history, experience and educational background. CCNs and Benin national with U.S. Resident Alien status will be paid in local currency with benefits under the Local Employee Compensation Plan (LECP). Salaries over and above the market value will not be entertained or negotiated.

NB: Local hire USPSC will be eligible to benefits 1 to 7. CCNs and Benin National with U.S. Resident Alien Status will be paid in local currency with benefits under the Local Employee Compensation Plan (LECP).

****Note: If a US citizen or Resident Alien, the contractor's salary will be subject to employee's FICA and Medicare contribution.***

AS A MATTER OF POLICY, AND AS APPROPRIATE, A PSC IS NORMALLY AUTHORIZED THE FOLLOWING:

Benefits:

1. Employee's FICA contribution*
2. Contribution toward Health and Life Insurance
3. Pay Comparability Adjustment
4. Annual Salary Increase (if applicable)
5. Annual and Sick Leave
6. Eligibility for Worker's Compensation
7. Medevac insurance
8. Access to Embassy medical facilities, and pouch mail service for USPSC (Department of State approval required)

NB: No allowances will be paid to CCNs and Benin National with U.S. Resident Alien status.

Allowances: (If applicable, as found in the Standardized Regulations Government Civilian Foreign Areas) Sections cited below)

1. Temporary Lodging Allowance (Section 120)
2. Living Quarters Allowance (Section 130)
3. Post Allowance (Section 220)
4. Supplemental Post Allowance (Section 230)
5. Separate Maintenance Allowance (Section 260)
6. Education Allowance (Section 270)
7. Post Differential (Chapter 500)
8. Payments during Evacuation/Authorized Departure (Section 600)
9. Danger Pay (Section 650)
10. Educational Travel

**XIV. CONTRACT INFORMATION BULLETINS (CIBs) OR ACQUISITION
AND ASSISTANCE POLICY DIRECTIVES (AAPDs) PERTAINING TO PSCs.**

AAPDs/CIBs contain changes to USAID policy and General Provisions in USAID regulations and contracts. Please refer to this website

http://www.usaid.gov/procurement_bus_opp/procurement/cib/subject.html to determine which AAPDs/CIBs apply to this contract.

XV. LIST OF REQUIRED FORMS FOR PSCs:

1. Standard Form 171 or Optional Form 612
2. Contractor Physical Examination For children 11 years and under (DS-1622)**
3. Contractor Physical Examination For children 12 years and over (DS-1843)**
4. Questionnaire for National Security Positions (SF-86)**,
5. Authority for Release of Information (AID 610-14)**
6. Foreign Residence Data (AID 6-85)**
7. Fair Credit Reporting Act of 1970, As Amended**
8. Notice Required by The Privacy Act of 1974 **
9. Fingerprint Cards (FD-258)**.

** The forms listed 2 through 9 shall only be completed upon the advice of the Contracting Officer that an applicant is the successful candidate for the job.